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Eighth Annual

PUBLIC RELATIONS CONFERENCE

of the

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA

HOTEL SIR WALTER
RALEIGH
WEDNESDAY, FEBRUARY 23, 1955

EIGHTH ANNUAL PUBLIC RELATIONS

CONFERENCE

MEDICAL SOCIETY OF NORTH CAROLINA

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Dr. Donald B. Koonce, Chairman, Public Relations Committee, Presiding.

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Hotel Sir Walter, Raleigh, N. C.
Virginia Dare Ballroom
Wednesday
February 23, 1955
2:00 p.m.

DR. KOONCE: Welcome to the Eighth Annual Public Relations Conference of the Medical Society of North Carolina. Those of you who have been here in year's past know something about the manner in which we conduct this conference. It isn't my place to make any speeches and we don't go in for introducing too many illustrious visitors because we could spend a good bit of time doing it. I would like to make a few introductions a little later, but I don't think it would be right to start this meeting without recognizing the other two members of the Public Relations Committee and I will ask them to stand if they will, Dr. John Rhodes of Raleigh and Dr. Amos Johnson of Garland. It is with their help that we have been able to accomplish what we have in Public Relations in the past few years.

Now a few words as to our program, we are running 15 minutes late, but we rather allowed for that. Most doctors and their meetings do start a little bit late. With your permission we are going to ask our different speakers to make their talks and then at the end of the talks under general discussion, with their permission, we'll open it for general discussion of Public Relations and particularly ask them if they will answer any questions that are directed to them. So if you do have any questions to ask, put them off until their talks are over, then you can ask them individually or collectively as you see fit.

Without further adieu we will start with the first speaker who is Mr. John Troan of Pittsburgh, Pa., he is the Science Editor of The Pittsburgh Press and a Member of the Board of Directors of the Central Blood Bank of Pittsburgh affiliated with the University of Pittsburgh Health Center. If they are having as much trouble up there with blood banks as we are in North

Carolina he knows a lot about medical problems. He is also editor of the Pennsylvania Cancer Manual, that also goes for the Cancer problem in North Carolina, which is a professional guide published by the Pennsylvania Department of Health. He was named by Time Magazine as one of Pittsburgh's 100 Outstanding Young Men. A graduate of the Pennsylvania State University School of Journalism, he is going to talk to us on "Diagnosing Medical News." Mr. Troan.

MR. JOHN TROAN: This is a little bit not to my liking---speaking first. Usually I prefer to be last on a program, by which time the audience is a little anesthetized and it doesn't matter what I have to say. But there may be an advantage to being first because I have heard it said that you should stand up to be seen, speak out to be heard and sit down to be appreciated, and I shall be the first to sit down.

Perhaps you have heard the story of the doctor who was making his rounds in the hospital wards, and as he went with the nurse from bed to bed he would tell her what she was supposed to do for each patient. And when they had finished she noticed that the doctor had skipped one patient's bed. So she went back and said, "Doctor, you have missed somebody. That fellow over there---what does he need?" And the doctor said, "Well, I'll tell you, Miss, once in a while, just smile and skirt past his bed. All he needs is the will to live."

I can assure you that I am not intending to skirt anything here today and, as a matter of fact, I would like to take as the text for my talk an editorial which appeared in the August issue of the N. C. Medical Journal. As I recall, this editorial ended with a quotation from Sir William Osler in which he cautioned physicians to this effect: "Believe nothing you see

in the newspapers. If you see anything in them you know is true, begin to doubt it at once." Now I do hope things aren't that bad in the fair state of North Carolina.

Actually this editorial had been prompted by some unfortunate stories which were published shortly after the death of one of the Dionne quintuplets. You may recall that in these stories a very definite impression was given that she had died of epilepsy per se, which of course was not true. But I think that if you had had the opportunity that I had to read the exact wording of the initial autopsy report, you would have concluded not that newspapers are untruthful or that newspapermen are incompetent but that sometimes pathologists are harder to understand than psychiatrists.

Incidents of this sort, of course, naturally tend to make many physicians believe that newspapers are inaccurate in reporting medical matters. I should like to submit that this is an unjustifiable conclusion because day in and day out newspapers are surprisingly accurate in most of what they print. The unfortunate thing is that human nature is such that we usually forget the good and always remember the bad.

Now, mind you, I am not defending inaccuracies in newspaper reporting. As a working newsman I abhor them as much as any conscientious physician abhors inaccuracies in diagnoses. But I think it is a shame that few people outside of the newspaper field have any real conception of the tremendous amount of time and effort which most reporters spend every day trying to make sure that errors do not creep into print. Getting the story straight is a tough job when you are working against the clock and that is what newspapermen usually are doing. It is so much tougher when the story is complicated, and medicine is a mighty complex subject-especially for a layman.

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Now there are some folks who believe that newspapers have no business reporting anything about medicine. I think this is impossible to reconcile with the fact that all over the world the two most popular topics of conversation are God's weather and man's health. The newspapers don't print medical stories because they want to fill space. Actually their problem is to find space to publish everything that the reader wants. I should like to point out that if there were no interest in medical stories there would be no medical stories---period. And I would like to add that probably there would be very little public interest in supporting medical research.

The American Medical Association itself recognizes this vital public interest in medical news. Every single week, out of its headquarters in Chicago, it sends out news releases to most of the major newspapers in the country and to all of the leading news services. These are based primarily on scientific reports which appear in the Journal of the AMA and other AMA publications such as the Archives of Dermatology, the Archives of Neurology and so on. In addition to this, every month the AMA publishes its magazine called Today's Health, which is a bundle of medical articles aimed at the lay populace.

So you see in this Golden Age of Science the American people are thirsting for knowledge of medicine and health, and like the thirst for water you cannot satisfy it by shutting off the spigot. The remedy, I think, for bad medical stories is not "no medical stories" but better medical stories.

I feel certain that much progress is being made along this line all over the country. More and more newspapers, for example, are assigning medical news to one or two persons on a staff, making medical reporting a

true specialty, for they are beginning to realize the folly of entrusting such a vital task to a peep-hole reporter with a breathless television manner, like Walter Winchell--who almost wrecked a carefully-thought-out polio vaccine experiment last summer.

I might point out that at the University of Missouri and at the University of Illinois there are special courses in medical journalism now being taught. This was started primarily by the Missouri Medical Society. For those of us who are already out of college there is a good post-graduate training opportunity in reading the journals and in attending medical meetings. It might interest you to know that I get to read an average of 50 to 60 different medical journals each month and attend about 30 local, state and national medical meetings each year including the annual session of the AMA.

Of course, there is no assurance that an experienced medical writer won't pull a boner now and then. We all make mistakes. But a good reporter, I think, should have enough intelligence to know when he needs help and enough humility to ask for it. Usually in handling medical stories the help must come from the physician. He is the authoritative source who keeps us from going off the beam. Thus it is that your cooperation is vital, if the accuracy of medical reporting is to improve. We in the newspaper business depend very much on you in the medical profcssion if we are to get our facts straight and in turn you must depend very much on us if you are to get those facts across to the public. So in a very real sense, then, we need each other. However, even where cooperation between physicians and newspapermen is excellent it is likely that absolute accuracy, like absolute truth, will never be achieved.

For one thing, I am sure you will agree that some physicians are more salesman than scientist. These are the fellows who get so "hipped" on their own theory that they think this is the answer to everything, and you read them yourselves in medical journals. Rarely do I run across an article which says something didn't pan out. I think the closest anybody comes to saying, "This didn't work," is saying that the results were "equivocal." I've come to define that as meaning they were no damn good. These super-salesmen crash reputable medical journals and we mere mortals get took. For that, I think, the remedy lies in better editing of the journals and not in better reporting of newspapers because we are laymen and we must depend on the judgment of the journal's editors.

Now once in a while even the charlatan manages to put one over on us. You may recall a couple of years ago a story about a new treatment for cataract--this was it, fish lens protein. A doctor wrote this up in a very reputable journal but it turned out he wasn't even a doctor. In fact, today he is in jail in Florida for forging narcotics prescriptions. There the fault lies with poor editing in the medical field and not in the lay field.

Now and then, I may point out, a purely honest error takes place. For example, take the case of cortisone. You will recall the tremendous publicity when it was announced. Newspapers, magazines splashed it all over the place. And why not? It was introduced by a man of unimpeachable integrity and he was associated with perhaps the most famous medical institution in the country. And you know what happened. The claims made for cortisone didn't exactly die out completely but they faded away quite a bit, and I feel pretty certain that an awful lot of hopes which were

kindled by those original news stories and those original announcements were never fulfilled. But this was an honest error, and I bring it out not to embarrass a man who happens to be a good personal field of mine--but just to point up the fact that even men of great wisdom are not infallible.

One of our major headaches in reporting medical news stems from publicity issued from drug houses, including some of the so-called ethical firms. Most of these drug houses have public relations men and they are very good friends of mine and I don't mean to do them out of a job. They do a good job and I know from meetings of the National Association of Science Writers, to which I belong and to which they belong, that they would like to do a better job. But, unfortunately, too many of these drug houses measure the value of a public relations man by the amount of space that he can corner in the nation's newspapers and magazines. So they proceed to grind out all kinds of news releases. Naturally, they make the company's products sound very good--they may not offer you a cure-all every week but, boy, once in a while they sure give Hadacol a hell of a run for its money. Very often, these releases are based on actual reports from the literature, but these are more one-sided than the original reports. They give you all the pros and very few, if any, of the cons. After having been burned once by something like this I've made it a strict policy, as far as I'm concerned, to throw all such material into the wastebasket and ignore the story completely unless I'm supplied, or I am told where I can find, the original text of the report. Then I will read it like anything else and if I think it merits some publicity, it gets it; if not, it doesn't. There a public relations man is valuable even if I throw the story away, because

he has called the attendtion of myself and perhaps many other fellows who are equally as busy to an article that we might miss or might not see for a couple of months.

Another thing the pharmaceutical houses are doing--more and more they areissuing releases announcing new drugs. We get a new drug almost every day. These are getting the wastebasket treatment at our place. Last month, however, our paper ran an article which I had thrown away. It was a story about a new drug for leukemia which is supposed to be very good and it came to us from Science Service, which is a pretty reliable outfit. I felt a little bit chagrined because I had received the very same press release, about the very same drug, from the very same drug house, and I had tossed it away. Frankly, I thought it was just a new trade name for the drug, about 18 months old or so, called 6-Mercaptopurine. And I figured, "Well, it's nothing new; we've already had the story."

In any event, a doctor friend of mine who is head of the oncotherapy clinic at the University of Pittsburgh spotted this three-paragraph story in The Pittsburgh Press and he knew somebody connected with the drug house, so he wrote a letter saying, "How about letting me have some of this stuff for my patients?"

The letter he got back was a corker. The physicians didn't even know what the sales office was doing; they didn't know this announcement had been made. It turns out that this new drug was a new trade name for A-methopterin, which the Food and Drug Administration had ordered discontinued because of its being confused with aminopterin. So the new drug wasn't even as new as my 1950 Chevy. But that's what happens, and very often you don't have time to double-check those things.

Now so far I've been talking about the scientific side of medicine. I know that you have a deep interest in other phases, too, and one of these is the political side of medicine. This has to do with government health policies, ethics within the profession and matters of that sort. And I know from personal experience that very often these are the kind of stories that may get under your skin and may even give you chronic dermatitis with the itch to punch somebody in the nose.

But I think an editorial in the Medical Annals of the District of Columbia summed it up pretty neatly last October. The editorial said: "Physicians cannot reconcile themselves to being involved in controversy where sometimes intemperate and unfair statements are made about them." And yet, the editorial continued, "controversy is news and newspapers make the most of it. It is their business to print views on both sides and to present facts in an objective manner. To do this to the satisfaction of all concerned is, of course, impossible."

Now I might point out that usually these intemperate or unfair statements emanate not from the newspapermen or magazine writers but from other physicians. If you will think back a little you will find out who started this ruckus about such things as fee-splitting, ghost surgery and needless operations. The newspapermen and the magazine writers were merely quoting one particular physician and perhaps others who then got involved in the melee.

Now don't get me wrong; I am not trying to absolve all newspapermen and all magazine writers of all blame for all wrongdoing. I know that there are dishonest medical writers just as you, and the leaders of the AMA, know there are dishonest medical practitioners, and I can't agree with the

unscrupulous writers who seize this opportunity to exploit it for personal gain by exaggerating evils which the scrupulous majority of physicians are trying to excise. I think there is a place for reporting such news but in proper perspective.

In any event, I have the impression that an awful lot of physicians get too disturbed about this type of publicity. For instance, in the October issue of GP, the Journal of the American Academy of General Practice, a Doctor Holland P. Jackson began an article with this statement, "The American public has been led to believe that there is something basically wrong in the house of American medicine." Really I think Dr. Jackson is suffering with what you fellows might diagnose as iatrogenic hallucinations. I don't think that the American people really feel that way about the average American doctor.

The one thing that you physicians are inclined to overlook is the fact that a lot of people don't believe everything they read. My God, if they did you would never have a Democrat in the White House. Certainly people do get irritated with their doctors. They often get irritated with their boss, they get irritated with the labor unions, they get irritated with the politicians, even with their own families. This doesn't mean they're going out to divorce their wives, shoot their politicians, and socialize their medicine.

I would recommend highly to you that you look up the September issue of The Modern Hospital and read an article by R. M. Cunningham, Jr. of the Western Association of Hospitals. I would like to read just a couple of paragraphs because I have it with me. This is what Mr. Cunningham has to say: "In recent years doctors and hospital administrators have spent a considerable amount of their time worrying about what is generally believed

to be a bad press or bad public relations. Critical articles about doctors and hospitals have appeared in the nation's magazines and newspapers, and the appearance of every such article becomes the occasion for doctors and hospital people to get together and wonder what is the matter, what are we doing that is wrong, what have we failed to do that we should have done?" Now, Mr. Cunningham said, "before we examine these questions the sensible thing to do is to determine first whether or not it is true that medicine and hospitals are getting a bad press."

And then he reports this: "The truth of the matter is that doctors and hospitals get a much better press than most of us believe. Of more than 300 magazine articles listed in the Reader's Guide to Periodical Literature on the subjects of hospitals, nursing, medical service and medical practice for the period March 1951 to March 1953, for example, not more than a dozen or so appeared to have any critical or unfavorable aspects whatsoever, and I suspect," he adds, "that if a similar count could be made of all articles dealing with these subjects in the nation's newspapers, a similar proportion would be revealed."

Then Mr. Cunningham said, "The first thing to do is to keep your sense of proportion and to remember that no matter how annoying and unjust and damaging it seems, the hospital and medical worlds are not going to collapse because somebody has published an unfavorable article about them. As a matter of fact, I think we are inclined to exaggerate the importance of such articles out of their proper proportion." Amen.

Now I don't know why it is that certain newspapers and certain magazines seem to go out of there way to level unwarranted attacks on the medical profession. Perhaps John Bach, the Director of Press Relations for the

American Medical Association, was looking up the right alley when he wrote recently this particular paragraph: "Controversy breeds discussion and discussion promotes reader interest. That is what every business publication, whether it is a newspaper or magazine, is chiefly interested in from an economic standpoint--reader interest. The more controversial the issue, the more reader interest it attracts." Now, as I said, I don't know whether this is the reason behind such unwarranted attacks but if it is I would say it's specious reasoning. I think the history of present day journalism proves that you cannot build a stable circulation on unstable editorial policies because most of the people don't like to be fooled most of the time. And I might point out right here that one of the national magazines which has devoted considerable space to articles critical of the medical profession recently stopped publishing every week and is now coming out only once every two weeks. That's hardly an indication of increasing reader interest.

I think, when all is said and done, the respect which the medical profession may enjoy, or the disrespect which it may encounter, is based primarily on how you as an individual physician conduct yourself in your relations with your individual patient, and in your relations with your community. I rather like the way the Illinois Medical Journal put this in an editorial. Here's what the Journal said, "The essence of good medical public relations is to see a sick person promptly when called, to relieve pain as quickly as possible, to leave no stone unturned to make an accurate diagnosis, and to get him well as fast as God's will will permit. During this time," the Journal added, "it is our obligation to remain humble, sympathetic, understanding, and steadfast in one's duty, and to charge a

reasonable fee."

I think if you do this, you don't have to worry about what the people are going to think about you. But if you ignore it even a million-dollar-a-year public relations firm isn't going to bail you out of trouble. Thank you.

DR. KOONCE: Thank you Mr. Troan. I can't help but comment on one or two of his remarks. One of them about the importance of the individual doctor to the individual patient. He used some words in there that I didn't know anybody knew but doctors and I might say that the reasons that doctors, in a few of his remarks about the pathologists and psychologist, use such big words and are as indefinite as they are is that if we used plain language our patients would know as much as we do.

One thing that certainly struck a cord with me and that was the question of detail man, and I couldn't help but remember one that came in just yesterday, while he was talking. A man came in and sat down and ask me if I was old enough to remember the Maggot treatment and of course I was unduly flattered by that, and I told him yes and he said, "Well, he had a salve for the treatment of chronic sores that was the latest thing because it had the lickings of maggots in it that would cure chronic sores." Now that was an ethical detail man too. I don't know what the lickings of maggots are, I've never watched maggots enough. But any how I would like to say Mr. Troan that he has brought up something that we are aware of to a great extent. In December we had a Medical-Press Conference with a panel of medical and press experts in this same room with a discussion which I think was invaluable. One of the recommendations made at that time was that we have a survey of medical press relations, and we had a meetings just before

this meeting with Dean Luxon of Chapel Hill and Mr. Carter in which we are trying to work out some way to implement such a survey which I think will be invaluable not only to N. C. but possibly to other areas too. Certainly I think that Mr. Troan's remarks were very pertinent and certainly appreciated by all of us.

Our next speaker, and Mr. Troan we will give you a chance a little later to answer some questions, is Mr. Lambert Schulze, of Chattanooga, Tennessee. He is assistant to the Vice President, Group Department of the Provident Life and Accident Insurance Company. I am not going into a long detail of his bibliography. I would like to say that I received a letter from Bill Hart of Charlotte the other day in which he enclosed a letter which he had sent to Mr. Schulze asking him some very pertinent questions about the functions of group insurance and industrial insurance firms and if Mr. Schulze can answer all of those questions that Bill Hart posed to him he will be a genius. But knowing Bill Hart as he and I both do, we know that he was sincere in them and in asking such questions it showed his absolute admiration for Mr. Schulze and I don't think I could introduce him in any better way than with the approbation that Bill Hart gave him. Mr. Schulze.

MR. LAMBERT SCHULZE: Thank you Mr. Chairman. Ladies and Gentlemen, I took the liberty of making an addition to the title which has been assigned to me. Originally it was "Disciplinary Progress in the Health Insurance Industry." I have added two words "and changes" so it now reads "Disciplinary Progress and Changes in the Health Insurance Industry." I did that because I couldn't see how, if I left it the way it was, I could do anything except stand up here and kick myself about twenty minutes. A

situation about which I took a rather dim view. Incidentally, I would like to say that I am most pleased to be with you here today and not a little bit surprised that some of you here will undoubtedly recall that approximately five years ago I was chairman of an Insurance Committee that worked quite a long time with Dr. Bill Hart's insurance committee of your Medical Association in an attempt to design a surgical care plan. At one time, on a Sunday afternoon, in this very room your House of Delegates approved such a plan and within about 30 days after that time rescinded that action and I was under the impression that I had been rescinded at the same time. So I'm very pleased that apparently such is not the case and I am permitted to be with you here again. It is not my purpose today to talk about public relations except in a very general sort of a way; however, inasmuch as this conference is dedicated to that, so often a misunderstood subject, just a word or two may be appropriate.

The medical profession and the health insurance industry have a number of things in common. Most of them are, of course, in the area of medical economics, but the question of what is good public relations and how to achieve it is also a common problem. While we are on the subject we might just as well face it, neither the medical profession nor the insurance companies enjoy excellent public acceptance of what they are doing. And yet there is a simple answer to what we are seeking, a rather magic formular, if you please, a way of life that solves all public relations problems. It is well known to you in eleven short words, "Do unto others as you would have them do unto you." Honesty and fairness with sympathetic interest and service are the foundation on which rests the entire structure of good public relations. The key is to do a good job well, and let others

know about this performance. No public relations man armed with only a bucket of white wash and white brush can ever do a lasting job of creating favorable public opinion.

Today there exists a great variety of views concerning the extent to which health insurance benefits should be provided and the form that these benefits should take. This I think has been, and is, a most healthy condition. Competition under our system of free enterprise developes in the creative mind of man the best possible products for the public. It also seems apparent that if any one plan were able to achieve a monopoly regardless of by whom it is operated, it would invite governmental intervention if not absortion.

Several sources of pre-paid benefits in many diversified plans strengthen our efforts to keep health insurance on a voluntary basis and if a diversify of the opinion does exist, it does not do away with the need for keeping in mind the fact that our cooperative efforts must necessarily be in the best interest of the public who's support makes possible the continuous use of the voluntary system. Now if I were to ask you what is voluntary health insurance I would get a variety of answers even from this learned group. I believe this would be some of the answers. 1. Means being able to obtain health services when needed. 2. It means pre-payment on the budget basis for health services. It means the free practice of medicine unhindered by government regimentation....means another dern one of those claim forms. And now is that what it really means. Voluntary health insurance has nothing to do with the provision of health services anymore than fire insurance has anything to do with the reconstruction of your house after it burns down. Health insurance only provides

money with which to pay for health service. The word health in relation to this type of insurance is a poor choice and leads to misunderstandings and many misconceptions. The insurance mechanism cannot be used to insure health. H ealth is best assured by good diet, plenty of rest, clean living, the avoidance of over exposure of the elements, and the like, by having enough sense to come in out of the rain so to speak. In spite of what you and I might know there are quite a few people who believe that good health can be assured through health insurance because that is the name of it. That is why I said that it is a poor choice. However, we are stuck with it and probably all that we can do from here on out is to explain that it isn't so and that even so simple a thing as a periodic physical examination cannot be handled through the insurance mechanism.

Let us also for the record consider the term pre-payment. We frequently hear of pre-paid health insurance and pre-paid medical care. They've become quite popular. Now is it possible to pre-pay an expense, one that may never arise or one that if it arises may be so large that a life time of so called pre-payments couldn't cover it? A subscriber might pay in for years without benefit. Is anything pre-paid? Has the subscriber any vested rights? Obviously and definitely not. The use of this unfortunate word pre-payment has led to considerable trouble. Too often the consumer actually believes that he has pre-paid something and hence he does his level best to get his money's worth. The only kind of pre-payment in insurance is the payment of premiums in advance. Since the inception of accident and sickness insurance the industry has been alert to the need for changes. Throughout it has been a constant up-hill battle to provide adequate benefits at a reasonable premium.

Once upon a time in the early 1900's a pioneer Illinois Insurance Company had this to say in the limitation section of its policy, "No member or beneficiary shall be entitled to indemnity for either sickness or death resulting wholly or partly, directly or indirectly from any of the causes or diseases mentioned in or covered by this section, whether acute chronic or otherwise, to wit, any disease commencing or existing, or the cause of which existed or commenced at or prior to the date of the beginning of membership in this association or within three months after the set date or within three months after the date of any reinstatement under any certificate. Then it goes on to list the conditions by name that are excluded and I think you will get a kick out of this--what it said it will not pay for: Medical or surgical operations, yellow fever, coleria, heart disease, cropsy, piles, hernia, sciatic, gout, quimsy, dispepsia, lamebact crict, rheumatism, Bright's disease, consumptions or cancer, small pcxs, paralysis, bodily and fits, insanity, malaria fever, grip fever, and all epidemic chronic and contagious and verenal diseases.

I would hate to have to read a paper and I know it is unpleasant to listen to but as you can see I'm doing it. I passed this one around at the office and somebody made a penciled comment along side that paragraph that said, you can't hardly get them no more. Contrast this type of thing, if you will, with a modern day group insurance plan which will probably have no exclusions whatsoever in the thing, except that it will perhaps not pay for care in a veterans hospital. We are indeed making progress.

Now it is important that we understand the basic differences between group forms of accident and sickness and similar coverage that is individually written. While it may be insurance for the same type of thing,

there is a vast difference from the way that the two are underwritten, sold and handled and everything about them. Then of necessity, there are more controls to abuse in the forms of limitations and individual policies than you will find in group contracts. In group, the risk is spread among many lives and the law of averages makes it possible for the insurance company to accept all eligible persons without regard for age or physical conditions. While individuals may be insured for benefits which are below the level deemed adequate today, it is obvious that a person insured for some benefits is better able to pay his health care bills than one with no insurance at all. Complete coverage is expensive, in addition some people want to co-insure their own risk and therefore actually don't want 100 per cents insurance coverage for their health expenses. With respect to this it should be remembered that half a loaf is better than none at all. The danger here, of course, is that the insured may not be aware or may forget that he has only partial protection and which can and often does lead to trouble at the time he receives benefits.

Recently the accident and health business has become a target for criticism by various magazines and newspapers. They would, it appears, have us believe that the entire insurance industry is not of the highest integrity. However, their research has apparently gone just far enough to cover sensational cases. It tends to, undoubtedly, boost their circulation but it seems hardly fair to not include mention of the millions of policy holders who have been served well by the coverages sold to them by America's private insurance companies. Some of the criticism is justified. In this field as in any business, there are always a few companies, which by their actions, bring discredit to the entire business. One company operating

unethically reflects upon all companies. All the critical articles included, as you probably noticed, toward the end of their text a mention that accident health companies suspected of unsavory practices are in a very small minority. I am sure you know that the vast majority of the hundreds of companies in this business operate on the highest plane of business ethics, and I don't mean the kind of ethics that a business partner described to his son. He was taken aside one day and he explained business ethics like this. He said, "this morning I was alone in the store and a customer came in to pay his bill. It happened to be exactly $100 and he laid a crisp new $100 bill down on the desk and I got busy after that and didn't put it away immediately and after the customer had gone," he said, "I noticed that there were two $100 bill's stuck together." He said, "now my son, comes the question of ethics. Should I or should I not tell my partner about the extra $100."

Here are some of the things which most frequently disturb people about individual accident and health policies. They ask: Why are there so many restrictions? Are too many policies cancelled? Is it unfair to restrict pre-existing conditions and what about fine type?

Now let's detail a few of the objections that I have just mentioned. What about restrictions? In the first place the very nature of the hazard assumed by the company demands that it define the limit of its liability and it is done as painstakingly as possible. Some people feel that insurance policies are deliberately written in such a way as to make it confusing. The opposite is actually true, they are written so that they cannot be misunderstood. If possible, every paragraph, every sentence, means one thing and one thing only. People who design insurance policies scrupulously avoid putting in anything that is open to special interpretation. Prevision of

statement is a must, and most policies are the result of torturous hours of policy drafting to make sure that this is true. You can get into all kinds of trouble if any part of the policy is subject to different interpretations.

Now several years ago the health and accident underwriters association which is a large trade association of insurance companies, made a survey of 101 of its member companies, over a three year period they made an initial survey. At the close of three years they made another survey asking the same questions. Here are a few of the progressive changes that were made in that period of time. Percentage of policies excluding hospitalization as a result of attempted suicide were reduced to approximately 20%, while hernia was excluded in 20% of the policies three years ago it is now only excluded in two of the policies surveyed or a percentage of a little over 2%. Exclusions against mental disorders and neurosis were reduced from approximately 70% to 25%. Exclusion against cases contributed to by liquor and narcotics was reduced from approximately 30% to 12%. Exclusion against female disorders was reduced from about 12% to slightly over 1%. Exclusion against verenal diseases was reduced from approximately 75% to about 58%. Many other disorders which where excluded from about one to four policies in the original survey are not now excluded in any of the policies most recently examined. Also there was a substantial reduction in the number of policies setting up special waiting periods for specific disorders. For instance approximately 56% had special waiting periods for an appendectomy while in the latter survey the percentage was reduced to about 47%. Exclusions against goiter which amount to about 15% before were reduced to slightly over 1%. Percentage of policies requiring a special waiting period for

tonsil operations was reduced from 54% to 44%. Percentage of policies requiring a special waiting period for hemorrhoids was reduced from 27 to about 11 and there are a number of others here which I will not take your time to go through but the final one, number of policies requiring special waiting periods for stomach disorders was reduced from 7% to about 1%. Now that last survey was made in 1951 and it is reasonable to expect there has been further reduction in those limitations since that time.

Now the next questions is are too many policies cancelled. I think we all say and will agree, and I certainly will too, that perhaps there are too many policies cancelled particularly one year individual accident and health policies. A number of companies, limited in number, but some of them do abuse this right and it is particularly insidious if the protection is revoked at the time of illness. Some 90% of the accident and health insurance policies sold today contain an optional renewal clause, that is, they may be cancelled at the option of the company and this is likewise disturbing to many people for very good reason. Now it is unfortunate that many persons assume that there is only one reason why companies cancel a policy and that reason being policyholder claims. Actually there are many. Companies cancel policies because of misrepresentation in the application, fraud, unsatisfactory moral risk, insanitary and other reasons that they consider equally justified. As a matter of fact, however, few policies actually are cancelled for any reason whatsoever. In 1953 the North Carolina legislature conducted an investigation of the cancellation of policies of 94 insurance companies. Ninety-four companies indicated that they had approximately 23 million policies in force throughout the entire nation in the year 1952. Of these 23 million policies about a 120,000 were

cancelled for all causes at the cancellations rate of five per thousands which is equal to one half of one percent.

Now what about this fine type that we all hear so much about. We hear about the company that gives it to you in the big type on the front page and takes it away from you on the fine type on the inside pages. Today there is no such thing as fine type in an accident and health policy. In practically all 48 states including North Carolina, legislation exists or insurance departments have ruled that the section limiting or citing exclusions in the policy must be in the type size that is the same size as the rest of the insurance policy. In other words the exclusions must be in the same size type as the part that recites the benefits. So today, fine type in health insurance policies is actually a thing in the past. Commonly the entire policy is printed in ten point type or larger which is more readable than your average newspaper or magazine.

Now I would also like to mention just very briefly that some people feel that health insurance policies are difficulty to read, they don't even try to, they are scared away from trying because they know it is a legal document, but if you have not yet read your own or if your patients haven't encourage them to do so, they'll probably be surprised at how understandable it is. As I mention earlier people are occasionaly critical of some health insurance because it does not pay the entire hospital or medical bill. There are many reasons why this may be so in some instances the benefits which were provided in policies sold several years ago are no longer adequate due to the rising cost of care and general inflationary upward spiral. Insurance companies are aware of the need for upward revisions and adequate schedule of benefits in order that the benefits provided under our

plans will at least break the back of the hospital and the doctor bills. I should point out that it isn't always easy to convince individuals or employers, if they are sharing in or paying part of the cost, that they should pay more premiums. We often hear comments to the fact that the rising cost of hospital care, for example, must end somewhere. Maybe one way to stop the trend is to stop increasing benefits. Perhaps this thinking should serve as a signal to all of us and efforts are being made and much has been accomplished in raising the level of insurance benefits. However there is a rapidly growing interest in the thought that health insurance should not attempt to pay the whole bill and that a deductible, similar to kind employed in automobile insurance, may have some merit. Small expected health care cost can easily be born by the insured out of current income thus permitting the same size premium to cover the cost of the most expensive unexpected care. Also if the insured has a part of his hospital bill to pay himself or his doctor bill he will be less likely to seek unnecessary hospital admission.

Now with respect to exercising the right to discontinue policies by the insurance company, some companies have been experimenting recently with policies or practices by which the right of discontinance on the part of the company is voluntarily restricted. These present experiments may be identified as: No. 1. The type of policy which is clearly by its terms guaranteed renewable to the age limit upon payment of premium, but in which the premium can be altered by the company should experience so require. Such policies covering hospital and medical expenses are now being written by a few companies. This type of policy has been in use for a very short period, little more than a year, and it is too early to judge its success; 2. Another attempt is being made is the terms of the policy which is clearly guaranteed

renewable to the age limit upon payment of the premium but, in which the premium periodically increases at stated intervals. This type is also a recent experiment; a third idea, is a type of policy in which renewals at the option of the company is customarily stated, except that the policy provides that renewal will not be refused because of the change in physical conditions of the insured. I think that's a good one, and I hope that the companies can see their way clear to operate on that basis.

Now these and other solutions to the problem of how best to provide adequate health insurance is constantly being studied. The agency training programs are expanding to provide salesmen who are better equipped to their work. About six years ago there was created a national organization known as the Health Insurance Council. This organization represents practically all of the companies writing health insurance and is assisting not only its member companies but hospital and medical associations to a better understanding of many of these problems. The Health Insurance Council annually makes a survey of the amount of health insurance in force in the entire United States which includes Blue Cross-Blue Shield as well as the other underwriters in addition to the insurance companies. Copies of this survey are available if anybody wants them, also, the little green booklet that you have there "The Health Insurance Story" is also a project of the Health Insurance Council. A great deal of pain and suffering went in the production of that book. You can imagine 600 insurance companies each of them trying to have something to say about what went into it. It went through 17 complete mimeograph editions before it was finally oked for its final printing, the form that you have there now and I think you will find it rather interesting.

Now what about the future of health insurance? In looking toward tomorrow we can see a new and we hope a better form of protection on the way. Most of the companies writing it describe it as major medical care insurance. When illness strikes not everyone can afford to say spare me no expense. Between the very rich who set no financial limit on medical care and the very poor who can get competent treatment free, are the large majority of our people who expect to pay their own bills yet may have difficulty if their bills are very large. Well many persons are fortunate enough to go through life with no medical expenses beyond those for short illnesses or routine medical and dental examinations. Many others may accumulate within a very short space of time. Medical hospital bills amounting to more than their currently yearly income. No one can predict to which of these groups any given individual will belong. A person who unwisely assumes that he is one of the lucky ones may find himself in great financial trouble and on the other hand the individual who attempts to establish a large enough fund to meet every emergency will find it perhaps difficult to do so.

The now familiar hospital and surgical expense policies started as extra benefits under loss of income policies in the early 1900's. Policies specifically designed for hospital and surgical benefits were sold to individuals as early as 1905. Group policies made their first appearance in the '20's but it was well into the '30's before the group policies were purchased extensively. Beginning in 1944 insurance was extended to provide protection against the expense of such items as the general practitioner's calls to the home, in the office, or in the hospital and there are now close to 104 million persons protected against hospital expenses through either indemnity or service taxed programs, close to 90 million protected against surgical expenses and nearly fifty million protected against

charges of a medical nature or by a general practitioner. The protection provided under these hospitals, surgical and medical policies was never designed to meet the needs of those who are hospitalized for long periods, of those whose surgical bills exceed the amounts provided in the schedules of surgical insurance policies, of those who require extensive treatment by non-surgical specialists, and those who need special nursing care or expensive drugs outside the hospital. Although only a few people have such extreme expenses they can be financially disastrous for those who must pay them. To give protection against extraordinary cost of medical care a different type of policy has been developed for the past few years. Over a million persons now have such protection. A new policy is written to provide benefits toward all the types of expenses for treatment necessary to restore the individual to the state of health, up to five thousand dollars, seven thousand, or even ten thousand dollars. The coverage is so broad in most cases that treatments not yet thought of will automatically be included within the policy's terms. A deductable provision is utlized to eliminate not only small claims themselves but also the distinct portions of the administrative expenses associated with them. Although these claims represent a large element of cost to the aggregate, minor bills can readily be taken care of by the insured. By excluding small bills from this new form of insurance it is possible for major medical premiums to remain at attractively low level for the insurance dollar to be used at best advantage in covering the larger elements of expense, that could be such a hardship to the individual. Deductible amounts range anywhere from $100 to $500, of course, the higher the deductible the lower the premium, also some major medical policies are written whereby the present basic plan benefits themselves may

be used as the deductible part of the benefits. Now the companies have tried to solve this dilemma of the present basic coverages and this major medical and I think there is very little question but what you are going to find, first of all that major medical is going to grow tremendously, you are going to see more and more and more of it. It is my own personal opinion which is shared by a few that it eventually will replace what we now today call the basic coverage, in other words, we will not continue to have hospital insurance, surgical insurance, medical insurance, and so on but it will be rolled up into one ball of wax with the necessary required ductibles and coinsurance up to whatever limits and returns of dollars that the patient wants or the insured wants to pay. As I mentioned before you write five, seven or ten thousand dollar policies. So I think you are going to find a lot of that and I think that both the patients, doctors and hospitals will like it. I was talking to a man the other day who said he didn't need health insurance of any kind, he said he always got money from the RFC. Well, that puzzled me quite a bit until he explained what he meant by RFC which turned out to be Relatives, Friends or Charity. Accident and health insurance has been a friend many times even a life saver to millions of American people in time of need, and after all that's what it is suppose to be. Thank you very much.

DR. KOONCE: Thank you, Mr. Schulze. He didn't leave me very much to comment on. The only thing I can comment, I don't think he brought in, is why don't insurance companies have a uniform claim blank so we won't have to fill out so doggone many different ones. I think he has answered, certainly all of Dr. Hart's questions and he certainly has answered most of mine. We will give him an opportunity in a little while to answer some more

that you may have. At this time let's take about ten minute break and come back in and start over again.

DR. KOONCE: In opening our second half I would like to call attention to the fact that after our general discussion we will take another short intermission and then we will convene in the back part of this room for what is known as a social hour. I think there are a lot of us that would like to do a little talking and I don't know of a better time than that when we can all talk at once. Our third speaker, I don't think needs any particular introduction to most of us. We feel that he belongs a little bit to us because he graduated from Davidson College. He received his degree at Johns Hopkins in medicine. He was secretary and treasurer of South Carolina Medical Association until 1951 for about 10 years. He is also member of the Board of Trustees of the American Medical Association. I could go on about him giving a long bibliography which tells where he went to Sunday School and what not. All of it is a great deal more impressive than his some times common sense, because I remember a very cold windy day in Cleveland, two years ago, when we were both there at a Public Relations meeting of the AMA that he spent the entire Sunday afternoon in the rain, snow and sleet right out in the open watching a professional football game. Now one of our speakers said a few minutes ago that you needed to use common sense for health insurance. I don't think that was good common sense, of course, I was with him. We all know, those of us who have known him, love Dr. Julian Price who will talk to us on a "Doctor's Responsibility to His Community." Dr. Price.

DR. JULIAN PRICE: I want to thank you for the privilege of being here and congratulate you on your patience. Frankly I don't see how you

all can sit out there and take it much longer. It was just such a situation as this that prompted our going to the football game up in Cleveland. It so happened that we sat through the morning session and as we sat down for lunch I turned to the man next to me and I said, I don't think I can take it all afternoon. He said, you don't. I said no. And he said, "Well, I'll go get an extra ticket." He already had the first ticket.

It has been said up here that Public Relations is really what the doctor does in his practice. You know this business of Public Relations is rather interesting. We didn't hear about it in medicine until some 10 years ago, and then it came as a shock to all of us. Some of the State Societies and the American Medical Association became very interested and we set up Departments of Public Relations and so forth and so, as through it was something entirely new. It isn't. Public Relations after all is finding out what ought to be done. Doing it and then letting other folks know what you have done. Now doctors have done that through the centuries. I'll grant you that on a national scale and state scale, where we now have organizations as we do, the public begins to look at us not only as individuals but as a group collectively and so we've had to do a great deal to help our public relations from the state and national standpoint and yet by and large the public relations still remains what the doctor does in his practice.

And so I would like to talk for awhile this afternoon on "The Doctor and His Responsibilities in the Community." Our nation is built on communities. When the lone settler went out, he could take care of himself but when he was married and started rearing a family he found out that it was far better that he join with others to form a little community for self protection, but more, so that he could have social contacts, so that his children could go

to school, so that the whole family could go to church. And so they developed these communities for the protection and advantages of the family. Along with the opportunities which the community afforded there was certain responsibilities. A man not only had to pay his part of the teacher's salary he also had to be willing to pick up his gun and fight if the community was attacked and so we find then that the community on which our nation is founded was a community in which you have privileges and obligations. Now times have changed, and yet the human being hasn't changed. We are the same type folks that our ancestors were and we still live in communities. We may have a community the size of Raleigh, we may have a community the size of New York which is broken up into sub communities, or we may have a cross road out here in the country some where and yet each community is still a little individual community to itself with its privileges and with its obligations. And each one of us as physicians are still members of a community. Why I know some of us, when we get our M.D.'s have an idea that they have been set apart, that they are a little above the human race, that they are a little better than the average, that they don't need to accept any of the responsibilities which the other members of the community do. How wrong they are, we are still members of the community, we were before we became M.D.'s and we will continue to be as long as we live. And as such we have certain obligations which we should assume.

I would like to mention five fields in which a physician could well devote his engeries in fulfilling his respoinsibilities. First in the field of public education. Thanks to his training, thanks to the type of thinking which he has been taught to use, a logical process of thought, a doctor is one of the best educated men in his community, and as such he should be one

who leads the community as it tackles the problem of public education. And yet too often the doctor, like so many other men, turns to his wife and says, now listen Mary, you take the kids, you help them with the homework, you attend the PTA, I'll attend to my patients. The doctor should assume his obligations and right now in the South we are faced with some real problems in the field of education. First our schools are over crowded. Second, there is a tendency for some of our textbooks and even some of our teachers to throw things into the courses which are not primary, which are not the thing which you and I believe in. And third, the whole question of segregation and non-segregation is on our door step. Some doctors may proport to have the solution to these problems, but I say that there is a tremendous need now for clear thinking, level headed thinking, logical thinking as we tackle these problems and no one in the community can furnish that any better than the M.D.

I've known many doctors who have assumed this obligation. In our state we have an organization composed of the Boards of Trustees of Schools, a state organization, and two years the president of that organization was a Urologist. I could point out to you the PTA organization in which surgeons and an ophthalmologist have been presidents and I can show you PTA organizations which are meeting at night so that doctors along with other fathers can attend. I can show you doctors who have set down with other men and gone through the textbooks in a community to see that they were teaching things that were American and not Communistic. Yes some of the doctors have assumed the obligations, but we need more. We need more doctors who will get in there and share the responsibility, share the responsibility of the men in the community in the field of public education. If we don't

we are liable to lose it, there are those now who would like to see the federal government come in and take over education. Then it will be out of our hands, it's up to us as fathers and as taxpayers to see that this isn't taken away from the local community.

Secondly, I would suggest that the doctor devote his acitivites and his energies to work with boys and girls. In Florence, where I live, we have the South Carolina Industrial School for Boys. A school where these boys are sent, reform school is what they used to call it. They are sent from all over the state. Now I have been out there to see those boys, I've talked with the superintendent on a number of occasions and as you check into the history of these boys you will find that they come from broken homes, they come from communities that have fallen down on the job. And as they tried to work with these boys they found one of the greatest ways to rehabilitate, to get them back on their feet, to try to make decent oitizens out of them is through social and recreational aotivity. Nothing pleases me more than to give them a little money and find they're buying maybe some basketball uniforms or maybe football uniforms for these ten, twelve, year old kids and then watch them go out and play. You feel that you are actually helping them along a little bit, then go out and set on the side lines and cheer them on. Now those are the kids that might be your kids and my kids, and there are plenty of youngsters in our town who are potential candidates for the industrial school or for the penitentiary later on. Organizations which are working with boys and girls are crying for the leadership and for the help that the doctors can give it. You know it is a strange thing, there are very few individuals in a town who get the respects of boys more than doctors. I don't know whether you get a kick out of it or not, I know

that one of the biggest kicks that I get out of living is to walk down the street and have these kids, gramma school boys and girls, high school boys and girls, "holla" at you and walk along with you as you go down the street. They think a lot of the family doctor. And as I say the organizations that have been working with these boys and girls want the help that doctors can give, the YMCA, the Boy Scouts, the Girls Scouts, the Big Brother Movement, there are plenty of places if the doctor is willing to work.

Third, I would suggest that doctors give of their time and energy to charitable and non-profit organizations. Who is better qualified than a doctor to direct the activities of an organization which is trying to help those who can't help themselves. Who knows the problems of the community better than the doctor. He talks with the folks in his office, sees them in the home, he knows the problems of the community. And then the Red Cross, or the Salvation Army, the Community Chest, the United Charities. When those organizations need help and guidance in formulating their plans who better can they turn to than the doctor, and they want the doctor. All too frequently he is too busy to give them the help that they need and then later on squawks because they go out on some sort of a program of which he does not. And more than that they need the financial help that the doctors can give. Very few people get more out of the community financially than does the doctor. And he ought to put it back into the community, a definite share of what they take out. I don't know whether you have ever been on financial drives or not. I know I have. Some how I get caught in on these drives. For four years I was Treasurer of our United Charity in Florence and I could just look at the books and tell you pretty much what sort of man the doctors were in town. You go to one man and he said "sure,

how much do you think I ought to give, hundred dollars, two hundred dollars?" and you go to another one and he'd say, "Now listen, I have an awful lot of trouble lately, I've had to do this, brought a new car, bought an x-ray machine, so forth and so, how about $10.00 want that satisfy you." I mean some doctors feel that they do have a responsibility of the community and give and give liberally others figure that if I can just give 10 grains of aspins except in that case it was $10 maybe that will pacify 'em, quiet the headache for the time being. If there is any one thing that has hurt doctors, it has been that there are some doctors that are so darn stingy when it comes to giving to the organizations that are working in their communities.

Now a fourth field of which I suggest that doctors devote their time and energy are service clubs. I came along in the period when Mencken and Sinclair Lewis writing all their diatribes and to read their works one would have throught that anybody who belong to the Rotary Club was either a moran or he was fit to be put in an asylum. And yet I joined the Kiwanis Club twenty-five years ago and I'm still a member in good standing. There is an awful lot that you can get out of a service club. It gives you an opportunity to participate in the work of the club, boys and girls work, improving the relations between the country and the town, working with under-privilege children, working with, in a Kiwanis Club with the Key Club, where you are working with the high school boys. Not only that but it gives you the opportunity of forming friendships which become more valuable as years go on. Not only that but it helps to lift you out of the rut that you and I tend to get in and don't forget that the rut is simply a grave with both ends knocked out. Close up the two ends of the rut and you're there. And

that's where so many of us tend to be, in that little rut, we don't know what's going on outside of our own world. Our own little group of friends, our own little practice and there's where a service club helps us so much. So I'm a great believer in getting in a service club and in taking your part in doing the work in the club.

And finally, I would suggest the physician devote his time and energy to the work of the Church. Some of you may have noticed in the newspapers allusions to a talk which I made in Miami in which I was quoted as speaking on Spiritual Disease. What I said down there I have said before. It was nothing new it was what doctors over the country had been saying, and yet somehow or other it hit the public eye at the time and was put in papers. Here's what I said, I said that if you and I were to appraise the health of this nation we would say that the physical and the mental health was relatively good but that there was evidence of spitirual disease. And the evidence was not hard to find. The hold which crime has gotten on some of our governmental employees at county, state, city and national levels, the cheating that caused the expelling of a large group of men from West Point, the tremendous crime wave that is going on with an increase in juvenile delinquency. I mean that you and I see the symptons day in and day out. The tremendous divorce rate that we are building up, the fact that we spend more on liquor in this country each year than we give to charitable and philanthropic organizations. Those are just some of the things, and it isn't just the public at large it's true of the doctors. Fortunately, the number is not so large and yet there are doctors who will abide by the code of ethics just so long as it suits, when it doesn't they throw the code out the window. There are those doctors who put money above everything else

and to them the success in the practice of medicine is based on the bank book. You have seen doctors of that type, so have I. And so I said that there was evidence of a spiritual disease in this country, and that the only chance for us to get rid of this spiritual disease was to have a rebirth in the hearts of the average citizen and the average doctor. I've been surprised at the reaction which I have received to the remarks which I made in Miami. As I say I didn't expect it at all, I've said somewhat the same things elsewhere in the country, but this time one of the AP reporters happened to pick it up. Oh, I got letters from crack-pots, I'm carrying on quite a correspondence, or rather he's been carrying on quite a correspondence, a man who's been in the asylum in Omaha. I just got a letter two days ago, that's about the twelfth letter I think, I've gotten from him we've gotten right chummy now. He's calling me Julian now. I've gotten letters from Agnostics, I've gotten letters from Atheists but you'd be surprised at the number of letters I've gotten from doctors who have simply said, congratulations on saying what I have been thinking for a long time and that's all that I was trying to do. I'm convinced that the av erage doctor is a man of deeper religions than convictions, he doesn't talk about it. I don't know whether they are ashamed of it or whether it's simply because he figures that it might lower him in the eyes of the world if folks thought that he was a religious man it might mean that they wouldn't think he was quite so much of a scientist. And yet it seems to me that the one thing we need in this country today is for them to stand up on their hind legs and be counted. There are two forces in the world today, we have communism completely atheistic placing the individual down, placing the state above everything else and we have Christianity. Those are the two forces in the world today.

Well if that's true and we believe it, and most doctor's do, why don't we stand up and say something? I think we're more for the country. And from a very selfish standpoint it will do more for our Public Relations than anything else. And so those are the suggestions that I bring to you this afternoon. This is no address, it's just talking, just between you and me.

The five fields in which I think you and I as members of the community can devote our time and our energy. The field of public education, boys and girls work, charitable and philanthropic organizations, service clubs, and the church. You say it's impossible for a man to do that and carry on his medicine. I've a very nice letter recently from a man up in New England who took three pages to tell me just that but he agreed with me but he didn't see how it was possible for doctors to do it. I'm reminded of the title of an essay which I read years ago, I forgot who wrote it, I forgot what's in the essay, all I remember is the title, "The Charm of the Impossible." All I can say is yes it is impossible for you and me as doctors to do all these things, and yet just because we are doctors by and large we should be willing to attempt the impossible.

DR. KOONCE: Thank you, Dr. Price. That certainly is a constructive criticism of ourselves by one of our own men. I certainly was impressed by several things that Dr. Price said and so many things that I believed in too I think we have all expressed so many times. One thing in particular is that sometimes we forget that we were human beings or citizens before we were doctors, just as we also forget that we were doctors before we were specialist. How often have you found in our work, those of us who have worked in a community and what not, that your doctor was too busy

to take part in community projects, I don't know many in community projects, nor medical projects. Look back in your own community, look at our own state, and you will find that most of the medical projects are handled in the hands of a few because so many doctors are so busy being doctors that they don't have time to be an adequate member of the medical profession. I was also impressed by his statement, that Dr. Price made, about the lack of public relations up to about 10 years ago. It leads me to recall a little bit of history of our public relations program very briefly. At our Medical-Press-Conference here in December it was stated that there was a Public Relations Committee back many years ago, I have forgotten whether it was Dr. Bill MacNider or somebody else who started it, but that committee if it did exist ceased existing because I can remember 10 years ago when Dr. Frank Sharpe of Greensboro was president, we met in Greensboro and there was no Public Relations Committee and there was increasing criticism of the medical profession coming primarily from the government and our dear friend Roosevelt. I call him a friend because he did us a lot of good, he made us aware of many of our faults. And a Public Relations Committee was at that time appointed, and two years later we had our first Public Relations Conference and its been going every since then. That is apropos of nothing except I couldn't help bringing up those one or two little historic points.

Our next and last speaker, it gives me a lot of pleasure to introduce him, it's the first time I have seen him since I was a freshman in Chapel Hill and I can assure you that was a long time ago. He had just graduated so I'm younger than he is anyhow. He is a graduate of the University of North Carolina and the Harvard Law School. He had general practice of law in Charlotte in 1927 and 1928. He was Secretary and Executive Counsel

for the late Governor O. Max Gardner. He was founder of the first and the first president of the Young Democratic Clubs of America. Since 1939 he's been practicing law in Washington, has been General Counsel for the Southern States Industrial Council and National Association of Retail Grocers. He is a man who when I went to Chapel Hill as a freshman was held up by my older brother as being just about the epitome of everything and it certainly is a pleasure to see him again and introduce to you Mr. Tyre Taylor of Washington.

MR. TYRE TAYLOR: Dr. Koonce, ladies and gentlemen. I'm tremendously delighted to be here today and to have a small part in your program. As I wrote Mr. Hilliard I am always on the lookout for an opportunity to visit North Carolina, even if it's only for 24 hours. This is especially true at this time of the year when everything in Washington except the politicians is ice bound, while down here the tobacco beds are white over the country side, the jonquils, the forsythia and the quince are already beginning to bloom. I have been very much interested in your program here today. Well, without knowing too much about the various subjects discussed it has nevertheless seemed to me that they were all extremely relative to the situation in which your profession finds itself. I therefore congratulate the other members of the panel and you Dr. Koonce and the other members of your committee and Mr. Hilliard for enlisting these distinguished gentlemen to appear on your program.

I want to talk to you briefly about a problem which had it not arisen, I doubt if this committee would have been nearly as active as it is, and I also think that there is some probability that this meeting itself might not have been held. I refer to the truly astonishing and as

yet little, very little understood growth of socialism in this country in the past 20 years. Now there is little that I will discuss that is not already known to you, but I wonder whether you thought about these different areas in our life in which Socialism has gained a foothold and then added them together and looked at the picture as a whole, that is what I am going to attempt to do in the time that I have this afternoon.

Webster defines socialism as a "political and economic theory of social organization based on collective or governmental ownership and democratic management of the essential means for the production and distribution of goods."

That is also the definition formerly accepted by Norman Thomas and the old Socialist Party which no longer exists in this country.

A far more realistic and modern definition of Socialism is that formulated by the Bristish Fabians. Under this definition, Socialism is not even called Socialism, nor are Socialists called Socialists. They call themselves the Labor Party. According to Mr. D. G. H. Cole in his book, "British Working Class Politics", they "decided it would be easier to draw in the members of the labor unions if the word 'Socialism' were kept out and the organization called a Labor Party."

Under this definition, it is not necessary that every farm, shop, and business management nationalized, but only the key industries and functions be. In Britain between 1945 and 1950 about 25 percent of industry and business was nationalized.

The remainder of the economy - including factories, farms, housing, stores, and so on would be left - at least for the time being - in private ownership, but under strict government controls, including priorities,

subsidies, quotas, price-fixing, rationing, inspections, penalties, etc.

It is interesting to note in passing a few of the many similarities between Socialism and Communism. And that I think is the only thing Dr. Price, that I don't agree with you about, that there are only two great movements in the world at the present time. I don't personally think that we have anything seriously to fear from Communism in this country but as you will see as I go along I do think that we have a lot to fear from Socialism. Both are, of course, Marxist in origin. Lenin and the other founders of the Soviet State recognized this when they named their country the Union of SOCIALIST Soviet Republics. Both are materialistic, denying the dignity and worth of the individual man. Both hold that capitalism must go and that there must be government ownership and control. Both believe in the centralization of government and state planning. Neither abolishes poverty they merely distributed, and both are of course internationalist.

The principal difference is that Communists believe capitalism can be destroyed only by violent revolution, while the Socialists believe in gaining control through the ballot.

It is my purpose to examine briefly the extent to which Socialism - as defined by the British and American Fabians - has permeated the life of this country.

First of all let us look at the extent to which the Government controls credit and spending. You will recall that the very first thing that the Socialist did in England was to nationalize the bank of England.

The Government now has some 17 lending agencies, ranging from the Small Business Administration to the Export-Import Bank. For 1955, the Budget Bureau estimated that these agencies would have more than $16 billion

outstanding in direct loans and investments and more than $44 billion in guarantees and insurance. However, Senator Byrd on last July 8th estimated that all of these Government's obligations in the form of guarantees, insurance, etc. was in excess of $200 billion. This, of course, is in addition to the national debt, which now stands at $278 billion.

These government loans and guarantees affect the whole credit structure. Without a Government guarantee, no soundly-run private bank or insurance company would lend money to build a house with no down payment and 35 years in which to liquidate the indebtedness. I saw in the paper the other day that the carpet manufacturers wanted the cost of carpet included in FHA loans, but the National Furniture Dealers Association - fearing that the builders would by-pass the local furniture store and buy direct from the factory - objected.

They said "it is not sound lending practice to spread terms over 30 years on a commodity with a 10-year life."

But these loans and guarantees are not the only - or even the principal - means at the Government's disposal for controlling credit. There are the monetary and fiscal - including debt - policies of the Treasury and the Federal Reserve System. Through these we now have a managed currency, with the dollar currently worth 50% of its 1939 buying power.

Moreover, while the banks of the country are still owned by private shareholders, their main business is not what it once was - the lending of money to private enterprise. Their principal business is lending money to the United States Government. Mr. John T. Flynn thinks - and probably not without reason - that this role of biggest customers may give the

Government considerable influence with the banks.

The Government's control over our spending began with the Income Tax Amendment in 1916 and the development of the ability-to-pay concept. There is no limit on the amount the Government may levy in taxes and the current rate in the highest bracket is now 92 percent.

The Republican Minority of the Ways and Means Committee reported in 1951 that ". . . The taking of taxes from our economic bloodstream can well be likened to the taking of blood from the human body. If you take too much and too often the patient becomes weak and incapable of self-support. Thus drained of his energy, he becomes a ward of the Federal Government. That "said the committee " is socialism."

Now the extent of the Government's Control over electric and Atomic Energy, the most famous of the Government's public power projects is, of course, the TVA. Here we have Government ownership and operation on a vast generating and distributing complex - an example, if you will, of Socialism according to the classical sense. Norman Thomas said that the TVA is the only genuinely socialistic enterprise in the New Deal. He called it a flower in the midst of weeds. In addition, there are the Government-owned and operated facilities in the Northwest and elsewhere. According to the June 1950 Letter of the National City Bank of New York, in 17 years - from 1933 through 1949 - the installed generating capacity of public power agencies increased more than five-fold - or from 6.8 percent of combined public and private capacity to 20 percent of the combined capacity at the end of 1949.

But apparently this in only a beginning. Although since Ike has become President the public power boys have been slowed down a bit. Whether

he will continue his present middle-of-the-road policies, however, only time will tell.

In the field of atomic energy the Government has a complete monopoly, with a total investment of public funds in excess of $13 billion. Some idea of the magnitude of the atomic power potential was provided by Dr. Lawrence Hafstad, head of AEC's reactor division, last year. He said that known supplies of uranium offer 23 times, get that, 23 times as much power as all the world's resources of oil, gas, and coal.

Now the Government's control over industry is exercised through four main channels:

In the first place are the regulatory agencies, such as the Interstate Commerce Commission, the Federal Power Commission, and so on, there are about twelve or fifteen of them.

It is necessary for a businessman to obtain permission from one or more of these agencies to make almost any major move. Thus, - and by way of illustration - it is not permissible for an employer to encourage or discourage the formation of a labor union, or pay less than the wages specified by the Fair Labor Standards Act, or, if he does business with the Government in excess of $10 thousand, to pay less than the Walsh-Healey minimum, or discriminate in employment because of race, color, religion, or national origin or ancestry. In other words gentlemen you have as to government contracts now, by Executive order, and operating FEPC.

The second method by which the Government controls industry - and especially public utilities - is through the application of the so-called "yardstick." The Government builds a facility - such as TVA - with public money obtained at low interest rates. It pays no Federal taxes. It

arbitrarily determines what local taxes it will pay. It adopts its own accounting practices. It then comes up with a low rate - arbitratily fixed - which becomes the "yardstick" for that industry.

A third way in which the Government controls industry is through its procurement policies. As we have already seen, it fixes the minimum wages Government contractors and sub-contractors must pay on work for the Government, while under an Executive Order there is established the FEPC principle for all Government contractors and sub-contractors.

A fourth method is through direct competition of Government-owned with privately-owned businesses. The House Committee on Government Operations which last year completed its investigation in this field found that the Government is now operating some 100 different competitive types of business into which it had sunk not less than $40 billion.

In Agriculture the story is much the same, with the Government controlling how much cotton can be planted, how much corn, wheat, and so on. In this connection, I was interested in a law suit recently brought in Pennsylvania. It involved a chicken farmer, who raised wheat and corn on his 108 acre farm to feed his poultry. According to the complaint, this farmer, Joseph Blattner by name, "never asked for, accepted or received any help or assistance of any kind, financial or otherwise" from the Government. The complaint goes on:

> "Plaintiff has farmed one portion of said farm since about 1903 - and all of it since 1917. . . .Plaintiff actually and physically farms said farm, raising thereon wheat and corn to feed to his chickens. Plaintiff maintains an average of 6,000 laying hens, producing eggs and chickens which he sells locally.

Plaintiff has no involvement, activity or contact, whatsoever, in interstate commerce. . .The defendant - i.e. the Government - is demanding and is preparing to collect $179.20 from the plaintiff, by forceful measures, as the penalty for growing 8 acres of wheat in excess of 16 acres. . . .Further, the defendant - the Government - threatens to file a lien against plaintiff's entire crop of wheat" - and so on. The complaint asks for an injunction, which was denied and the case was appealed.

The Government also, of course, subsidizes agriculture and, as Senator Byrd said in the course of a statement the other day on the governments $101 billion road program, "control does follow the purse."

In the field of social welfare, we find -

1. A newly-created Department of Health, Education, and Welfare.

2. A compulsory system of Social Security which now covers 79.7 billion people.

In the course of his memorable testimony before the Senate Finance Committee on last July 6th, Dr. James L. Doenges, President of the American Association of Physicians and Surgeons said:

"It would be impossible to dwell too long upon the simple fact that the Social Security System is Socialistic, that it is an important and fundamental part of every Socialistic government in the world, that it destroys individual initiative, individual rights and individual responsibilities, thus reducing the previously noble American citizen, a sovereign individual, to the level of a menial, working for the all-powerful state."

3. You have a recommended budget for the fiscal year for welfare,

health, and education of $2.312 billion. This requested appropriation Ladies and Gentlemen represents the first time that this appropriation has exceeded requests for Agriculture, Commerce, general government, or natural resources. It is exceeded only by requests for defense, for veteran's benefits, and interest on the public debt.

4. A continuation of the subsidized, public housing program to the tune of 35,000 units a year.

5. A program of additional Aid to Education.

Then there is the effect of leveling-down of our international committments among which may be listed are:

Our adherence to the United Nations. By way of illustration, the UN refused to recognize the private ownership of property as a fundamental human right in the Declaration of Human Rights, while UNESCO an agency of the UN teaches that the intermixing of whites and Negroes in marriage is not biologically harmful to the offspring of such marriages.

And of course there is the foreign give away program, which, since 1948, amounted to $40 billion. We did build a TVA in France and are currently extending financial support to the first of Socialist India's 5-year plans.

Then there is a growing body of Judicial opinion which holds that a treaty superceeds, not only to State laws and Constitutions, but Federal laws and the Constitution as well. That was the basis of Chief Justice Vinson's dissent, in which he was joined by Justices Reed and Minton, in the steel seizure case. I understand that Judge John Marshall Harlan who is up for confirm holds to this view so that if he is confirmed the division on this issue would be actually 4 to 5 in the court.

Then there are our tariff policies, which I haven't got the time to go into at the present time, but I submit that all of these things added up present at least a partial picture of the distance toward Socialism that we have already traveled.

Now the question is: Have we passed the point of no return?

Many people think we have and have given up the fight. The point or cite the facts that both parties are now committed to substantially the same welfare state ideas; that both parties favor continued heavy Government spending and that both parties have abandoned hope of ever balancing the budget; and they point to the fact that Ike might very logically run as a candidate of both parties jointly.

They cite the further fact that both parties are determined to carry New York with its 45 electoral votes, and the political pressures which operate on both parties to appease the radical minority in New York City which hold the balance of power. It has been said that these radical minority elements in New York City exercises more influence in the selection of national candidates and the writing of platforms than the entire Solid South combined.

Now personally, I do not take such a hopeless view of the situation. I do not take it primarily because an overwhelming majority of the people do not live in cities like New York. They live in smaller cities, in towns, and in the country. Nor do they - this majority - have any foreign ties or ideologies. They are native stock Americans and believe in the economic and political system under which they and their forebears have arrived at the highest standard and scale of living of any people anywhere. They are inherently a conservative people and they elect a large majority

of Congress. And but for this majority, ladies and gentlemen, conservative Democrats of the South and conservative Republicans of the North - we should in my opinion already be a completely Socialized nation. I count on this coalition to continue to function.

The great danger is, of course, that the Planners will succeed in Socializing the country piecemeal and under another name, just as they did in England. You have fought and for the time being have won a great battle against Socialized Medicine. Yet I venture to suggest that this battle will not be finally won for medicine until it is also won for housing, education, the coal mines and utilities, and business and industry generally. In other words, what I am saying is that, to be effective, all those who are opposed to Socialism must form a united front and fight it to the death whenever and wherever it occurs. Thank you, very much.

DR. KOONCE: Thank you, Mr. Taylor, for that very comprehensive and somewhat frighten discussion. Thank the Lord he was a little bit optomistic towards the end. Because to carry on our few remarks a minute ago of being a citizen before a doctor, he just about had me saying that I was worst off as a citizen than I was a doctor. God knows that's bad enough. One thing he said that I thought was very encouraging and that is that the dollar is worth 50¢, I didn't know that, it's certainly improved, mine hasn't been worth that much anyhow. Before we open the floor for general discussion I would like to recognize just a few people who are connected with us who we are very proud to have with us.

I would like to first express the regrets of Dr. Zack Owens, President of the State Medical Society, of not being here, it was just impossible for him to come and he has asked Dr. George Paschal, First Vice-President of the Medical Society if he would represent him, and we would like to

recognize Dr. Paschal if he has anything to say.

DR. GEORGE PASCHAL: Chairman Koonce, distinguished members of the panel, welcomed guests at this conference. I would like to on behalf of the Medical Society of the State of North Carolina to thank the members of the panel for giving of their time in bringing to us these fine messages. We are grateful to you, each of you, for coming and presenting to us things that we feel are making us more aware of our Public Relations position in the functioning of our daily lives as medical men. We believe that we can use to advantage the suggestions that you have made in utilizing the experiences of others in furthering the improved public relations that we are confronted with, problems with which we are faced every day. As far as the news reporting is concerned I believe that the doctors feel that they must actually cooperate with the inevitable because it is inevitable that health, welfare of individuals is a news item, the activity of the doctors per se are at times news worthy and I believe that we can collectively and individually cooperate with the members of the press to see that they get accurate information insofar as we can supply it. I believe too, that most doctors feel the responsibility to a participation in community affairs. Our Public Relations Committee headed by Dr. Koonce has done great service to the medical profession in North Carolina and is continuing to do so. I believe, personally, that it would be a fine example to develop an educational program for all medical personnel, beginning from the time that they conceive the idea of participating in medicine and in the practice of medicine so that we can possibly encourage a more extensive educational program in our schools for the medical personnel as they prepare themselves to enter in public life as a doctor. I would like to take this opportunity

to recognize and say a word of appreciation for the fine cooperation that we have from the medical Auxiliary in our Society and urge them to feel free to extend their activity and add their help to the general welfare of the Medical Profession. Then I would like to thank Mr. Schulze, Mr. Troan, Dr. Price and Mr. Taylor for coming here and bringing us these fine messages. It is a pleasure to have you and I hope you'll come back.

DR. KOONCE: Dr. Rousseau, our President elect is here and we would like to recognize him, Dr. Rousseau.

DR. ROUSSEAU: Mr. Chairman, distinguished guests speakers, fellow members, ladies and gentlemen, I certainly want to take this opportunity to express sincere appreciation to Dr. Koonce who is Chairman of our Public Relations Committee and the members of that committee and our honored guest speakers. It is with gratitude that we express appreciation of the grateful help and of a job well done. I congratulate myself, fellow members, all the visitors here on the opportunity of hearing the wonderful discussions this afternoon. Thank you.

DR. KOONCE: Thank you, Dr. Rousseau. I was going to make this a little bit later but since he has very graciously given so much credit to me and my committee, I would like to change that a little bit and give the credit to the men whom the credit is due. First of all, our Executive Secretary, Mr. Barnes, I wish he'd stand and be recognized.

MR. BARNES: Thank you, Dr. Koonce.

DR. KOONCE: Before I start the questions from the floor I'd like to ask one myself. I made a remark to Mr. Schulze something about the need for having a unified or uniform form for group insurance plans and he answered me that it is already being done, and I would like to know more about that so I'll start the ball rolling by asking if he'd tell us about that uniform insurance blank and when we could hope to get it?

MR. SCHULZE: I think I could probably get along without the squawk box, so if you can't hear me please raise your hand.

This same organization, to which I referred earlier, the Health Insurance Council has Committees which have spent a great deal of time on uniform claim reporting blanks both for hospitals and for doctors. The uniform group hospital admissions claim reporting blanks for hospitals is now in use throughout the entire country, not 100% but it is approaching that mark. As far as claim blanks for doctors is concerned the committees have come up with a uniform claim blank for surgical operations and claims. I think it is safe to say that within the next 18 months you will find that all insurance companies selling any surgical benefits will have their insured using that uniform claim blank.

DR. KOONCE: Thank you Mr. Schulze, any other questions.

FROM AUDIENCE: I would like to ask Mr. Schulze if the insurance companies are doing anything at all about the sales man who misrepresents what the policy will do at the time of sale. Many patients come in and say, "I was told that I was covered for this or that," but when you read the policy, they aren't covered that way at all.

MR. SCHULZE: Now that of course is an excellent question and one that is the key to the many problems that are pending. Some of the unpleasantness that is associated with individual accident and health insurance policies

and I can assure you that the agency men from practically all insurance companies spend sleepless nights trying to figure out how to get agencies to, and salesmen to sell a policy the way they are suppose to sell it, but as long as you have a man who is working on a commission, I guess they all are, you obviously exercise very little control over him other than to point out his moral duties to sell something exactly as it is and not to misrepresent it. Now you cannot take people of any class or type or whatever work they are doing and not find some among them who are going to stretch many things in order to pick up a few extra points. It is a big problem, it's not one that we have an exact answer to and as I mentioned very briefly in my talk earlier, all the companies are instituting very comprehensive training schools for agencies. Insurance departments are doing a better job of licensing agents, and this of course serves the fond hope that it can be improved substantially.

DR. FURGURSON: Dr. Koonce, I have a question for Dr. Price. In line with his very excellent talk, in which I think he justifies the fact that most of us go off in more or less a tangent, in certain of our activities, which is not as it should be, and until we begin to give something of ourselves in an unselfish way we do not begin to ever accomplish anything of lasting benefit either to ourselves or to others. We also have problems which as he pointed out, we should stand on our own two hind feet and fight, and one of those which to me is facing us today, along the same line that Mr. Taylor was expounding, is Socialization pure and simple. Socialization that was advanced in the new Hill-Burton act which authorized the federal government, and the expenditure of state and county funds that are to be applied to build clinics to rent to doctors. Now most of us here are too old to worry to much about how that affects us, but I think the next generation is going to be affected very markedly. All of us know that

whatever the government controls, that is, whatever it subsidizes it also has the right to control. If the federal government is going to build, and the implementing act has already been passed by Congress, it then might build these clinics and rent them and its equipment to doctors in these approved isolated areas. I think perhaps there would be perhaps several such areas in this state, they would then be able to say which communities shall have clinics, etc. Then what is to prevent the federal government from completely controlling medicine? That is my question. As far as I can see it, the logical solution, I think in this country the young doctors coming out should certainly be given every available means of assistance, both financial and otherwise, and it would seem to me that the logical solution for such a problem would be to let the federal government possibly restrict its funds and let the necessary local government donate or rather guarantee those funds, then let the doctor buy his clinic over a period of years, if he so desires. But to come out and rent these clinics to the doctors is a pure unadulterated to the doctors.

DR. KOONCE: Dr. Furgurson I understand your question is to Dr. Price. Well, would you specifically state that question, I didn't quite understand it myself.

DR. FURGURSON: Well, my question was, what are we to do about this problem which is already upon us.

DR. KOONCE: You mean the problem of building Hill-Burton Beds.

DR. FURGURSON: Building of doctors' offices, I'll put it that way, practicing.

DR. KOONCE: Dr. Price, would you like to answer that.

DR. PRICE: I think the whole thing centers around the attitudes which the profession through the American Medical Association, which after all

does fit the profession, adopts toward this business of government entering into hospitals, medical schools and what not. The AMA has adopted the attitude that they will favor a valid grant a one-time grant to a community for the construction of a hospital. There is a great deal of pressure for instance put upon the Congress to subsidize medical education. The AMA through it's House of Delegates has adopted the stand, that they will stand for one-time grants toward the building of new buildings or the renovation of old buildings in medical centers. The AMA has consistently stood, as opposed to any grant of money by the federal government to a doctor, a clinic, to a hospital, to a medical school in which the federal government would have any "say so" as to the operation of that business or concern. Now if you think it easy to determine the exact stand of the AMA you've going to be mistaken. For four years I was on the Legislative Committee of the AMA and that Committee sits down each year three or four times a year, goes over all the bills that are introducted in Congress and tries to intrepret those bills and to find the stand which the AMA should take in terms of formal decisions of the House of Delegates, the Board of Trustees or where no stands have been taken before, to suggest what stands should be taken. And I think that I could put anyone of you up here on the stand and I don't care what stand you took I could tie you into knots because you can't it is the hardest thing in the world to determine exactly what position the AMA is going to take. It goes a little bit this way, there's a bunch jumping off, it goes a little bit this way and there's a bunch jumping off. But the stand that they have taken all the way through has been that they are opposed to the granting of money in which there will be a tie in of the operation of the Medical school or of the hospital, and that is why

they have opposed grants for medical education except for a one-time grant toward a hospital, toward the building of buildings or renovation of old buildings and things like that. Now you mentioned these offices that have come in, that is something that has come in. What attitude we can take now of course is questionable because it is a thing of the past. The bill is already made law. Now it is easy for us to say, well now these doctors don't need the help and yet you get out into some of these smaller communities and the doctors do need help in putting up a clinic. And I'll grant you that if you got it up as a direct loan to the doctor he would pay it back. If he buys it on the long term basis will the federal government come in and say well now you have to do this or that or the other. That is the chance the doctor himself has to take. Well to get on, that it is no easy thing for the AMA to say exactly what it wants along this line or this line, we say we are opposed to socialized medicine. What is socialized medicine? Nobody can define it. Our TB hospitals are socialized medicine, our psychiatric institutions are socialized medicine, certainly we believe in it to a certain extent and it is very difficult for us, and it has been for years, even in this tremendous educational campaign that they put on to state exactly the stand that we took, but we have stated that stand with regard to the Hill-Burton Bill, that we are for a one time grant, but we are opposed to anything in which the federal government will come in and have anything to do with the administration. I don't know that I have answered the questions because its a difficult question, but maybe I've given you some idea.

DR. KOONCE: Mr. Taylor would you like to comment on ramifications of the Hill-Burton Bill.

MR. TAYLOR: I don't think so, Dr. Koonce.

DR. KOONCE: Any further questions?

MR. BARNES: I should like to ask Mr. Troan if he would give us just a little run down on the activities in which the press and medicine groups in Pittsburgh have been engaged for some two years or so, and that is, the Health Forums in which there have been opportunities for dissemination in the public press and for public discussion of some of the health and medical problems.

MR. JOHN TROAN: Maybe I should practice the good advice in the way of a warning that a friend of mine once gave me about question periods. He is Science Editor for 17 Scribbs-Howard Newspapers, of which ours is one. His name is Dave, and he had this to say to me once, "John, when you are going to speak some place don't expose yourself to questions and I'll tell you why." He told the story about speaking to a woman's group and when it was all over some woman got up and asked, "what would make a goldfish turn green?" Dave was a little flustered and he said well, Madam, I would have to see the goldfish before I could even hazard a guess. Dave incidentally lectures at Western Reserve University, on Physics. But the woman said, Oh, I have the fish with me, so she opens her purse and takes out this goldfish which is as green as peas, and he looked at it and of course he didn't know why the goldfish had died and he said, "Well, actually I'd have to take that over to the school and have a pathologist look at it and she said oh, you are welcome to it and soshe gave him the goldfish. He sayd he took out his handkerchief and stuck it in his pocket and went home, and it was snowing that night. Dave said I'm walking down the street and some snow came down off the roof and hit me on the head and knocked my hat off, so I bent down, picked up the hat, my forehead was wet and I reached in for the handkerchief to wipe my forehead and he said that damn fish fell out of the handkerchief. So he stood there, must have been four or five inches or snow on the ground and

and he thought to himself, no this woman will never believe this story I've got to find the goldfish. Well he started digging in the snow and pretty soon a policeman walks up, and he was intrigued by this, he stands over him, and there he was digging in the snow and he said, may I ask what you are doing and Dave said, I'm looking for a goldfish and by this time the cop is flabbergasted so he just stands there and finally Dave said, I found that goldfish and I looked at him triumphantly and said, see!. And the cop said, well I be a --- -- - ----- maybe I'm the one who's crazy. But to get to Mr. Barnes question, the Pittsburgh Press last year approached the Alleghany County Medical Society, in which Pittsburgh was included, about the idea of sponsoring, co-sponsoring medical public forums. We had five last year and we have four scheduled for this year. They have worked out well, as you see we didn't ditch them. What we do, we arrange for a program in advance, the Medical Society has a Committee on Public Relations and then it has a sub-committee on Medical information. We get together with the sub-committee, three of us on the paper and two or three of the doctors. We hammer out a program for the entire year, in advance, decide tentatively on which community we want to go to. We try to scatter them around so that we are not just in the city of Pittsburgh, in fact, of the seven that we have held so far only one has been right in the city. Then the Medical Society picks the panelists, usually three or four physicians who'll answer questions and the Medical Society also selects the Moderator. The press, the newspaper carries stories about it in advance and a coupon which the readers are asked to submit, writing out the questions that they would like answered. About a week before one of these forums goes on, the coupon is discontinued. All the questions are bundled up and sent over to the moderator, he then gets together with the panel for a

briefing in advance. There are no notes, they are not given the questions, there is a sort of an agreement as to who is to get which question. But if one fellow is getting laryngitis from talking so much the moderator switches. No questions are asked from the floor and we tell them this is to expedite things, which it does, but one of the other things it does is to exclude crackpots, chiropractors and other things that might come in there, and anti-flouridation people, and a lot of organizations of that sort who sometimes give us heck. We can control them when they write letters to the editors, but it is awfully hard when they jump up on the floor and then we run one hour and a half. We tell them we'll start promptly at eight and we do. No delay, 9:30 we cut off and they all go home. Last week we had one that ran a little over, but that was probably my fault, I was picked as the moderator for that one and we asked the people, however, if they wanted to stay. If they had baby sitting commitments or something maybe they wanted to leave and only two left. Now we have grown from 200 to 700 people at these forums. They are held usually in high school auditoriums and I covered them from the news standpoint when it is all over the next day, the highlights are included in the paper and we usually carry about, I would say two full columns of news space in the paper of what went on the night before. We just finished this year, our first one on stomach disorders, our second one was on allergies, we are coming up in March with blood pressure. In May we've got a "corker," there will be only two physicians on the panel. Now this is the medical society's idea of having two physicians, we are going to have a minister, we are going to have two educators, one of the physicians is a doctor, who tells you how to raise babies. It's going to be on "Teenage Age Problems Including Juvenile Delinquency." We are going into one of the worst areas for juvenile delinquency in the city, where kids are always

fighting. Kids on one side of the track are always fighting kids on the other and there are going to be no holds barred. We're got an educator who thinks the Pittsburgh school system stinks and we've got an educator right from the Pittsburgh school system who is going to defend them. The minister happens to be connected with a parochial school. That's the summation on the medical forums.

DR. KOONCE: Mr. Troan's story reminds me of the wonderful old days when the road used to run by the front of Dix Hill. This inmate standing up at the bars, in front of the building one spring day, admiring the sunshine and the grass growing. He saw this old colored man riding by with a cart full of manure. Wanting to carry on a conversating he hollered down, "Say John where are you going with that load of manure?" John replied "I'm going up the road a piece to put it on some strawberries." And to that the inmate said, "No wonder they put me in this place, I thought they put sugar on mine." Any more questions. Yes Dr. Rousseau.

DR. ROUSSEAU: Dr. Koonce, I would like Mr. Taylor to discuss the section 106 of the current Society Security Act, I mean, of the 83rd Congress, and what effect that has on government influence of practitioners.

MR. TAYLOR: Would you tell me what that Section 106 is?

DR. ROUSSEAU: Mr. Taylor, Seotion 106 provides that doctors would certify totally and permanently disabled persons who are to be paid out of government trust funds.

MR. TAYLOR: All I can say about that is that it does look like a step in the direction of socializing the profession. As Dr. Price says, it is very difficult to draw hard and fast lines by what you mean by socialized medicine. At the same time I think all of us have a pretty clear idea of what we mean by federally socialized medicine and I do believe that section is a step in that direction and it has been so recognized

by spokesmen before for medical profession.

DR. KOONCE: Any further questions? Yes Dr. Croom.

DR. CROOM: I would just like to ask Mr. Troan, how the general public reacts to these television programs of certain types which take you right into the operating room, a look at epilepsy, etc.

MR. TROAN: I really don't know. I would be lying if I said I knew what the public felt like. Personally I don't like to meddle. I think it scares hell out of some people and I think having an epileptic foam at the mouth, and you confuse people, a woman in childbirth having leukemia, I don't know, maybe in crime they want that "wallop," but I question whether we really want that kind of dramatic presentation of medicine. I think you can do a better job a little less startling. That's about the only thing I have to comment on that. If I may make an observation on Section 106 in regard to mechanics in Pennsylvania, would you be interested? It's being worked out now with the social security people, and the physicians on local basis, and from the looks of things it has gone to work this way. The individual applies for a disability freeze, so that he may qualify for a larger social security benefits or qualify for benefits when he doesn't know. He will then be referred to State Bureau of Vocational Rehabilitation which has now delegated the job of trying to rehabilitate people who are invalid for any reason provided that they can be rehabiliated to the point of employment, part-time or otherwise. The State Bureau will then call on its own physician, these are all private practitioners who are on call. The state has a certain number and it refers people to these physicians. The physician will examine these applicants and state what the disability is, whether in their medical judgment they believe the man is totally and permanently disabled. I think there is a clause saying its permanent, if they think it is going to last more than two years or something of that sort. Anyhow they are

going through these mechanics now, and that's the way I believe its finally going to wind up in Pennsylvania. There will be no direct connection with the federal government, they will still be dealing with the same agency with which they are dealing now and the emphasis will be on trying to get these people rehabilitated and off the social security rolls rather than trying to see how many they can get and how much extra money out of Uncle Sam.

DR. PRICE: I would like to make one comment on that, to show you again the difficult position it puts a doctor and the AMA. We may not like being tied into the Society Security set up personally I don't. But when they came along with this disability, permanent disability clause, what they were trying to do is to complete the suit of clothes which they were buying for the American public. When you and I brought our insurance policies we had disability, permanent disability clause in which if we are totally disabled our premiums are carried on in that period and so when the social security people came along and said all we are trying to do is to do for the poor worker what you doctors are doing in your own insurance policies. What squawk have you? And then they turn around and say well now if we don't come to the doctors of America to determine total disability to whom shall we go, the Chiropractors? Those are some of the questions that you have to answer and they are not easy to answer.

DR. KOONCE: Who's got the next question. I'm learning an awful lot I didn't know before. Yes Dr. Spencer.

DR. SPENCER: I would like to ask Mr. Troan if he would give us some idea for the benefit of we doctors here assembled, how do you go about getting such good cooperation with the press and medical groups that you talked about. Our experience has been somewhat contrary to that.

DR. KOONCE: I might say that Dr. Spencer and his group in Wilson are just starting a new project in which they are going to have an open forum in April I think, isn't it Dr. Spencer, whereby they will have a meeting in some theatre there and have a panel of doctors, to answer any questions from anybody who may come in. I think it is a very ambitious program and if it accomplishes what they want I think it will be something grand.

MR. TROAN: I think the answer in a nut shell is that the doctors in our town came to the conclusion that newspapers were here to stay. When cooperation is grudging on the part of the medical profession, co-operation on the part of the newspaper is equally grudging, and sometimes more so. This is a two-way street. In our particular case the medical society, well we really are just rolled out. I don't know how we ever started the good relations that we have. Our paper used to put out a medical supplement, one that looked like the daily news, Sunday news foremat just a half size newspaper, once a year on medical progress. It was strictly an advertising scheme to raise money and just throw in the medical stuff. The doctors would write this and the boss finally decided one year that no one could understand what the doctors were saying because they were talking to themselves instead of the readers. That was the difficulty there, so they put it up to the medical society and said, how about it if one of our men takes this and after you write it, or why don't you just answer his questions, and they picked on me, which was very good because I knew nothing about medicine and by asking the dumbest questions possible, I got the smartest answers. So from that little beginning we had this one supplement this particular year and the office caught on the idea that here was something that we were missing. We should do it more frequently, month by month not just year by year. So now we don't put out any supplements, sometimes we are accused of having a medical

supplement to the medical journal every Sunday because we have so much medical news in the paper. All of the doctors have been told that if a newspaper man approaches them, they should feel free to answer those questions. We have a common understanding that no physician's name is to be used, if it's a private patients, for example, a surgery job or some dramatic medical case or a clinic case or anything of the sort, we mention the hospital, they give credit to the hospital, we do not say so and so did the operation. We mention a physician's name only when they give a speech in public, when they present a paper, when they make a report on the literature and so on, or when they are involved in some community fund raising or anything of that sort which is quite aside from medicine. But all this was worked out primarily through the realization of both sides that we are all people. The county medical society put on a cocktail party, it still does, once a year, to which it invites the newspaper people, not just fellows like myself who write but our bosses because they were heard. I could want to write something or write something that wasn't worth as much and the boss would say, "oh no, somebody is pulling one over on you," or something of the sort. But when he got to find out that the fellows are regular guys and that you smoke cigrettes, that you drink a little now and then, and that you tell good jokes at stag parties and things of that sort, they say why hell these are regular guys. And that's the way it works and now they trust those of us who write news stories not to cover up something, but there are common understandings all along the line. Somebody files a malpractice suit, we don't publicize it, we think it just stirs up more. But there's a limit, in one case a doctor was sued for malpractice and then a fellow physician then sued him. He said you're at fault, you were the blame, it was a operation on varicose veins and so forth, well I had it out with the president of the medical

society on the phone, he said gee I wish you wouldn't use it. I said, I know John but when you get to this point, here is an M.D. accusing a fellow M.D. and it's on file at the office, it's all around town, what can you do? The thing to do for you is to tell that fellow to drop his suit or don't go into court in the first place because once he gets there we can't cover up for him. So it got in, and it didn't do any damage. These two fellows went at it hammer and tongs, but the rest of the medical profession didn't suffer because of that, it's through workings like that that we get along, but the big thing was, first the doctors had to be convinced that the newspaper is useful to them too, and secondedly you have to get together "all around" and know each other by the first names and everything so that everybody realizes that he's everybody else's friend and you are good regular fellows.

DR. KOONCE: I would like to comment upon that just a little bit because that is one of the programs we are trying to encourage in this state, in state public relations, that is, having press-medical suppers on local levels in county groups. We are trying to encourage that and have started it in several places and with the full knowledge that I am repeating myself, repeating an incident that I told at our medical-press panel here in November. When we were organizing that panel last May, April it was, some time back in there, we had a meeting of representatives from the press and our public relations committee and Mr. Barnes and Mr. Hilliard. It was a Sunday and we served a few highballs and had lunch together and we had a right good discussion before that and then we went in and sat down and one of the men, Weimar Jones who was then President of the N. C. Press Association, he sat down and looked like he felt pretty good and he said, "with the exception of being a patient, this is the first time I've ever known that a doctor in North Carolina give a darn whether I lived or breathed or not." So you see it isn't all on our side, a great deal of it is on

the newspaper side. I think it is the obligation of the medical profession a little bit to seek out the newspaper man to show them just as Mr. Troan says, that we are right nice guys. And I think that if your county society will follow that through, I have seen several incidents in North Carolina where county societies have done that, Greensboro is one. Greensboro today doesn't have the problem it had two years ago as far as newspaper coverage is concerned. Any further questions.

FROM AUDIENCE: Dr. Koonce I would like to make one comment to add to that. In April our county society is inviting the ministers of the county to a dinner and meeting of the Medical Society, and then we are bringing in the press as members of the group, not as reporters to cover the meeting and report on it but rather that they can see what goes on at one of our meetings.

DR. KOONCE: That certainly is a step in the right direction. Any meeting of that type is good. We have asked anybody out there if they had any questions, now if members of the panel have anything they would like to add or any questions they would like to ask the audience, this is the time. Tit for tat as the big woman said. I don't think that we could close this without asking another person to stand up and that is Mrs. Powell Fox, President of our Auxiliary. Mrs. Fox, would you stand up and be recognized.

MRS. P. G. FOX: I would like to say that we are always happy to work with you and we feel like we do a fair job in public relations and we want to continue to do our part.

DR. KOONCE: Thank you Mrs. Fox. We do appreciate it and we know that it is true because we have seen evidence of it all during the years. Well this brings to an end the official part of our Eighth Annual Public

Relations Conference. We will have our social hour at 5:30, and I hope everybody can stay and enjoy themselves. I am more and more impressed with each one of these conferences for the value of them and my only regret, which I repeat each year is that more people could not get the value that is given, it seems to me a shame that men of the type that we have listened to today, information which has been given here today cannot be appreciated by the great majority of the doctors of the state, also hospital administrators, insurance men and what not, as well as the small group who have appreciated it. I would like personally to thank all four members of our speaking group for having been with us and I would equally like to thank those of you who have come to this meeting and hope you will be back next year, so I thank you all. We will see you at 5:30.

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